An Informed Transition? International Medical Graduates Settling in the United States and Canada

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ABSTRACT

International medical graduates (IMGs) are medical professionals who have immigrated to the United States (US) or Canada (Ca) in hopes of integrating into the labor market. IMGs can be a very helpful resource supplying a diverse background and expertise to the medical system in the host country [Chen et al., 2010]. However, immigration and integration into a new country can be difficult processes due to differences in cultural norms, information sources, and information dissemination. In this study, we investigate the nature of information in the lived experiences of IMGs as they make a new life for themselves and their families in either the US or Canada. By so doing, we contribute to the limited body of research on this population by providing an informational perspective. Semi-structured interviews were conducted with 20 IMGs residing in the US or Canada. Our findings indicate that IMGs spend an inordinate amount of time searching for occupational and employment-related information, which includes information about retraining and residency programs, along with varied strategies to make sense of the new information landscapes. IMGs use various strategies to identify signposts and become conversant in the new landscape. Despite the limited sample, it becomes clear that one’s ability to become literate in these new information environments leads to more positive outcomes (i.e., integrating the labor market, overall well-being, belonging).

Keywords

INTRODUCTION

International Medical Graduates (IMGs) are physicians or other medical personnel who have earned primary degrees outside the United States (US) or Canada (Ca) [AMA, 2016]. In their host country, IMGs often prove to be a valuable resource for contributing different perspectives and experiences to the health profession, as well as increasing the diversity of the medical workforce [Chen et al., 2010]. However, while IMGs have the potential to be a valuable resource to the medical community, many face information barriers when transitioning to the labor market in their host country. This results in a loss of opportunities, a loss of or inadequate employment, and a potentially deteriorating situation for the individual, their family, and the society as a whole. Under-employment, together with social isolation and stress may also cause or aggravate mental health problems in IMGs and their families. Indeed, the process of moving to a new country can be very complex and requires individuals to navigate information landscapes that are new and foreign to them.

To date, there is no study that examines in detail the information practices and barriers of IMGs in the context of their inclusion and settlement in the new country. As Siemiatycki & Triadafilopoulos (2010) suggest, “settlement services have garnered far less scholarly and media attention than other immigration-related issues.” (nd). Much of the work on immigrants relate to patient behaviors, the role of information in the workplace, or the medical practices of health professionals [Cortinois, 2008; Courtright, 2005; Wu, Penning & Schimmele, 2005]. Few studies have explored IMGs' information needs and practices when immigrating and settling in a new milieu [Caidi et al., 2014]. In addition to exploring the nature of information in the lived experiences of IMGs, in future analysis we also add a comparative dimension as we seek to understand differences and similarities in the IMGs’ experience of settling and finding employment in the United States vs. Canada. While sharing very similar characteristics, the two countries have differing immigration policies and provide different services to newcomers along with different credential certification systems. In our study, we assess IMGs’ lived experiences of the two countries’ systems and the implications for their
information practices and overall work-related (and by extension, settlement) outcomes.

**RELATED WORK**

IMGs made up to 25% of the physician workforce in the US [AMA, 2016]. This emphasizes the important role that IMGs play in the health system. They can fill the shortage of physician [Vidyasagar, 2007] and bring diversity to the current health system [Chen et al., 2010]. However, IMGs face information barriers when transitioning to a new labor market [Caidi et al., 2014]. Previous research on immigrants relate to patient behaviors, the role of information in the workplace, or the medical practices of health professionals [e.g., Cortinovis, 2008; Courtright, 2005; Wu, Penning & Schimmele, 2005]. However, few studies have explored IMGs’ information needs and practices when immigrating and settling in a new environment [Caidi et al., 2014]. Caidi et al. studied the type of information that IMGs in the US and Canada looked for online [2014]. The study found that IMGs looked for information about the immigration process, employment, certification and other credential-related matters. Finding and sharing information also served as a means of support to IMGs while waiting for a desired position in the US or Canada [Caidi et al., 2014]. More recently, the information literacy competencies of IMGs were discussed by Komlodi et al. IMGs felt confident when they looked for professional information about medical research and health topics. However, they faced challenges when they looked for quotidian information (information about everyday life and settlement into the new country) [2016]. In this paper, we expand the understanding of IMGs’ information needs and information behaviors in the US or Canada through qualitative inquiry. In contrast to prior work, we explore IMGs’ personal journeys and focus on understanding what information they search for as they navigate the labor market and how they go about finding this information.

**Methods**

To explore IMGs’ information search behavior and information use, we conducted semi-structured interviews with IMGs who moved to the US or Canada for employment or training in the past five years. During the interviews, we asked professionals to reflect on their journey to the US or Canada and on their transition into the labor market or training positions. Our goal was to understand the participants’ journeys, their information seeking practices related to immigrating and integrating into the labor market, the role of these processes in their successful integration, and their reflections on the process. Our focus was on the mediating role of information in this transition. We obtained Institutional Review Board approval in both the US and Canada.

**Participants**

We recruited a total of 20 participants (US=10; Canada=10). Half of our sample was males (US=5; Canada=5) and the other half was females (US=5; Canada=5). To participate in our study, IMGs had to have immigrated to the US or Canada within the last five years, have a professional health degree, and either a current professional position or the intent to integrate into the medical labor market in their new country. Participants were recruited through flyers and emails sent to personal and professional networks, as well as through a snowballing approach.

We collected demographic data from the participants, and asked them about their personal information behaviors in order to better understand their information environment. All but one participant provided an English Test Score and all participants (n=20) described their English proficiency as ‘Good’ to ‘Excellent’. All participants used the Internet for personal tasks such as booking travel, reading the news, online banking or shopping. Many of the participants (N=13) indicated that they sometimes searched for information on the Internet using a different language. Clearly, the participants interviewed are savvy information seekers who have established online and offline information practices.

**Semi-Structured Interviews**

Interviews were conducted face-to-face or through video conferencing based on the location or preference of the participant. During the interview, participants were asked about their current employment, the process for finding employment-related opportunities, and their current and past experiences searching for career, health, or other types of information. Participants began by describing their reasons for immigrating to the US or Canada and their background in the health profession. They then talked about their experiences transitioning to the US or Canadian labor market, their process for finding information related to their careers, and the challenges (if any) they faced along the way. Each interview lasted between 45 minutes and 1.5 hours. Participants were compensated for their participation in the study.

**Data Analysis**

Interviews were recorded and transcribed and supplemented with hand-written notes. Two researchers independently analyzed a subset of the transcripts and used an open coding approach to develop an initial list of themes. The researchers later met with the larger team to discuss the emerging themes, reconcile, and refine the codebook. Once the researchers finished the reconciliation process, two researchers independently analyzed a subset of the transcripts using an axial coding approach and compared their findings. To complete the coding refinement process, the two researchers met again to understand the disagreements in the coding and update the list of codes to reflect discussed changes. The research team then split the remaining transcripts and performed axial analysis using the updated codebook with Nvivo software.
FINDINGS
Our data point to the centrality of professional goals and the necessary information to reach them in IMG’s lives. Finding appropriate employment in the health sector is crucial for the successful integration of IMGs and information that facilitates this is invaluable to them. The following sections examine the types of information necessary to integrate into the job market and IMGs’ information behaviors to find and use this information: 1) Employment- and career-related information. Participants narrated their search for information about employment and careers in the health system in the US and Canada including residency positions, recertification and licensing information, applying for graduate school and research positions, and finding other jobs that could keep them close to the health field; 2) Information about navigating the health systems in the US and Canada. This category describes how participants learned about the medical system in the US and Canada in terms of regulatory practice and process; and 3) Research developments in the medical field. This includes searching for general health topics and medical practice guidance. Table 1 in the Appendix shows a list of websites used by participants to find related information for the 3 categories.

Our participants’ skills and confidence differed in these areas. Domain search expertise (search expertise related to health and medical research topics) transferred well from their home countries. Localized and culturally situated searching for job- and career-related information in the US and Canada is a process that was often not available or common in their home country. Domain search expertise related to health and medical research topics transferred well from their home countries. Localized and culturally situated searching for job- and career-related information in the US and Canada is a process that was often not available or common in their home country.

Employment- and Career-related information
Residency Programs
While IMGs have medical degrees and even professional experience, they need to complete a residency in the US and Canada to obtain a job. Thus, one of the most important information needs for our participants was finding information about residency programs, including licensing and recertification. To search for this information, they relied on peers and other personal networks as their first source to get such information, as it appears from the following example:

“I have been here [US] for 4 years and I didn’t know how to search for vacancy if someone leaves the residency. I just recently knew and I don’t remember how I knew about it. There is something called: Clearinghouse ACOG. My friend told me about it, she is a pediatrician and got a fellowship through it.” P2 an OBGYN-Jordan.

In addition to learning from peers and personal networks, the second most important source of information participants used during their residency search was online sources such as university websites and other residency-related websites. During the interviews, participants shared information about certain websites that they found more effective than others. For example, a participant from Jordan referenced a website used during the search for a residency:

“For applications there is a website called: Myeras here for the residency. Also, ECFMG which is for foreign medical grad. It starts like this, you want to do the USML so you need to go ECFMG to register and after you finish the USML you will get the certificate and they will tell you if you want to apply for residency then you use Myeras.” P2, OBGYN-Jordan.

As both of these quotes show, participants searched for information using different sources. They often combined both informal sources such as friends and personal networks and formal sources such as universities’ websites and other websites shared by their personal networks as a way to get more information about residency requirements.

Graduate Programs and Research Positions
While being accepted into a residency program was the most desired position for our participants, some participants looked for other alternatives. Graduate programs and degrees from US and Canadian universities were seen as helpful steps towards employment. Thus, participants also looked for information about graduate school degrees and research positions. As many of them shared in the interviews, they believed that their chances of getting into a residency or gaining employment would increase if they obtained a degree from the US or Canada. Others, however, wanted to attend graduate school to enhance their education by getting a Masters, a PhD, or a postdoctoral fellowship. Further, some participants wanted to learn more about how to conduct academic research, a process that was often not available or common in their home country.

“Because in China the clinical research is not popular because everybody is doing the basic science research and I am not interested in that. So, in order to get that skill, I have to apply to schools in US” P8 M.D – China.

Participants used different sources to acquire information about graduate school and research positions. They used a combination of personal network and online websites just as it they did to find information about residency programs, as described earlier. One of our participants got into his current position through his personal connections with peers.

“My friend who was working here before me, he got residency last year, so position must go vacant so I contacted him because this place has good reputation. The people who tend to do rotation or research here they eventually get the residency because it is a clinical research” P13 M.D - Pakistan.

Others used an ad-hoc approach to find information about research positions. A postdoc participant described his extensive process for finding postdoctoral positions.
“So, I emailed 500 emails to the professors which I found their emails on the web. On the websites of the universities, I was looking in the particular cities especially. Baltimore, New York, you know like around the west, east coast ... in Houston I found the list of the universities in that cities and then opened those websites one by one and found the specialties, cardiology and endocrinology and gastroenterology which I am interested in and I found they provide the websites of the professors and the emails and send the emails to them asking for research positions. If they had any ... I emailed 500 and I was hoping to receive paid positions but I didn’t receive any paid positions. I received only 10 or 11 unpaid positions. And most of them they were unsure they were going to hire me before giving me the position.” P12 MD from Azerbaijan

He later discussed that after obtaining the position, he felt that this was not the best approach, stating that his strategies were not narrow enough.

“I suggest another way would be better. I searched the professors’ names randomly without knowing ... probably 80% and like 78% of the professors which I emailed probably are not doing any kind of research because they were clinical so maybe a few of the professors, clinical professors they do research so since I choose randomly so probably most of them were not interested in doing any type of research. So, and then I found another way, like searching on PubMed or like on NIH websites searching for a available postdoc positions and then emailing directly the professors or their research coordinators which are advertised so I think this is a better way to find spots instead of emailing professors randomly.” P12, Postdoc-Azerbaijan

This example shows how participants’ search strategies changed in the course of their employment seeking and even after they became employed. There is a constant learning curve that has not only to do with the labor market but also with the general information landscape in their new country.

Seeking alternative employment opportunities
Throughout the interviews, participants indicated the importance of their personal networks when seeking to secure employment, especially in the medical field. This was also true for participants seeking alternative employment opportunities. Two of our participants secured an alternate, non-medical employment through personal networks. One of the participants in a house-keeping job described this experience:

“In this country everything is network. Everything is network even for this housekeeping job” P4, MD-West Africa.

Similarly, another participant secured a position with the help of his academic advisor. The participant stated that although he applied to many jobs online, this job was the one he got. This again emphasizes the important role of personal networks either as friends, advisers and mentors, or other personal connections are all viewed as assets and social capital. In addition to employment-related information, participants also looked for additional training opportunities such as getting an additional degree or certification. Further, some discussed the need to learn about differences in the US/Canadian healthcare Systems (compared to their home country), how things worked in their profession, and how to remain current and up to date in one’s field. We will discuss these two areas next.

Information about navigating the health systems in the US and Canada
In order to gain and sustain employment, IMGs also need to understand the medical system in the US and/or Canada. Our participants used different information sources to learn about the regulatory framework in the medical system of their new country, often learning from their personal experience as patients. One participant shared her experience visiting a doctor when she moved to the US.

“When I seek medical advice like when I go to the family medicine doctors or when I go to because of my pregnancy (...) The difference is that you know like most people have here the family doctor this is a good thing and usually in our countries we go to the specialist directly but here I find it is more difficult when you go to the ER. You know you have to spend a lot of hours waiting that usually doesn’t happen in our countries especially in the private hospitals you will be served like immediately. I mean maybe you will like have to wait but not as long as here. And the other thing the medical insurance here is expensive and you still need to pay a lot of money even if you have the best medical insurance you still have to pay also good amount of money.” P2, OBGYN-Jordan.

Moreover, participants learned by comparing the current practice in the US and Canada to the ones they knew in their home country. A participant compared the education she received from the UK and the US:

“When you study this clinical part you learn some techniques in dealing with patients, communication skills that will add to your knowledge in dealing with patients. What I didn’t like when I was studying, sometime they go through they will give you 1,2,3, 4 is this which is not real in medicine. They tried to make it easier, the American curriculum the way it explained medicine is very easy and simple. But at the same time in real life it is not as easy, when you find a patient you don’t find 1, 2, 3 that it. They try to simplify, when I was in the medical college we mostly studied from British system, British are very mean; they don’t give you the information and that’s it. They will let you work very hard to get the information. While the American they simplify it even for the difficult subjects, for example, biochemistry. They have their own way of doing diagrams to make it easier. This is a good thing. But I didn’t like this 1, 2, 3” P2 OBGYN – Jordan
Both quotes showed that participants learned through a multiplicity of ways including being patients and reflecting on the current system in the host country as a way to learn and integrate through observation – in both cases, by first hand experiences and knowledge. Moreover, for participants who received the opportunity to practice in the US or Canadian health system, they often learned on the job and as part of their current training.

Research Developments in the Medical Field

In addition to searching for information about the medical system in the US or Canada, participants also wanted to gain knowledge about medical research and health information in general. This strategy was used to keep one updated and informed about one’s field. Participants used a variety of information sources to maintain industry or technical knowledge. Most participants mentioned well-known medical information sources and websites, such as UptoDate and PubMed. Interestingly, participants also mentioned social media as a way to keep up with the medical literature. Following institutional accounts on Twitter, or experts’ blogs were also common strategies:

“Now with this social media thing, Twitter for example: if you follow big organizations for pharmacists, they usually keep you updated and posted for the new articles or papers that were published in specific hot topics, for example pain management. If something is running they post things and twitter about it. This is my recent way but previously I go to Medline plus tool to find what is new in specific topic. But now with the social media, it makes it easier to us to keep ourselves posted and updated.” P5 Pharmacist resident – Saudi Arabia.

Another quote by the same participant mentioned following blogs of experts that provided helpful information about medical practice:

“Usually I follow organizations but recently a friend of mine follows individual researchers or practitioners, I follow them too. Also, one thing I learned from them is a pharmacy blog that gives you very nice concise information in the practice, so this what I learned also from them these individual researchers as you mentioned. So there are blogs that I can go there they have very interesting topics that is very important to me and give me some refreshment and to keep myself updated on what is new in the field.” P5 Pharmacist resident – Saudi Arabia.

As is shown from the previous quotes, participants find new ways to keep themselves informed and current for the time when they will be able to re-enter the health field. Despite their changing practices (websites, social media, personal networks), when it comes to assessing the credibility of medical information, many participants specified that they only follow institutions or individuals who are well known in the field as experts. This, however, may mean that they rely on trusted sources to point them to these ‘experts’.

Our findings suggest that although IMGs used different approaches to finding information, they faced informational barriers that stemmed from differences in levels and types of support available, access to information, and even cultural differences in training and practice.

DISCUSSION

The results of our interviews with highly educated IMGs in the US and Canada highlighted the central role of information in their lives, the types of information necessary to integrate into a new labor market, and strategies used by our participants to obtain this information.

IMGs in our study defined three main types of information they sought related to their professional integration: 1) Employment- and career-related information; 2) Information about navigating the health systems in the US and Canada; and 3) Research developments in the medical field. As we discussed earlier (Komlodi et al., 2016), participants often struggled with finding information related to the first two topics (weak quotidian information literacy skills), but their domain-specific search expertise related to the third type of information transferred well from their native countries and they felt confident about searching for this information (strong professional information literacy skills).

The IMGs in our study devised strategies to negotiate the barriers they faced when searching for and using information about integrating into the labor market and about educational opportunities. The most important of these strategies is the active cultivation of personal and professional networks. Personal and professional networks helped IMGs navigate and become familiar with these new information landscapes and find and use information effectively. Information seeking and sharing through personal networks did not simply allow for better-informed actions, but also helped IMGs seek and find emotional support and connect with others in similar situations as noted previously [Caidi et.al, 2014]. Information seeking through personal networks was usually followed by searching in formal sources, usually websites. The findings of the current study highlight the importance of combining formal and informal sources of information and reaching and connecting with personal networks within their new settings.

Another strategy the IMGs in our study described is producing and disseminating information. As our participants became more familiar with information sources, they often transitioned from information users to information producers in their personal and professional networks. Most typically they shared content with co-ethnics, IMGs with similar cultural backgrounds, but one of our participants also described sharing information with IMGs from other cultural backgrounds. The motivations were varied: to educate others about the healthcare system, about different medical topics, or simply share their insights.
and expertise. Once IMGs realized the crucial role of information in the process of integration they often reached out to share their wealth of knowledge and experience with others. One participant created a blog for a lay audience about taking care of diabetes. Another participant started to broadcast general medical information through a radio channel to his community in the host country. Others created tools to support other IMGs: two participants created (respectively) a Facebook group and a WhatsApp group to connect with peers and support each other through the recertification or to study exam questions together. In the Facebook case, the predominant language was Spanish, not English. One participant even launched a successful bridging program to train IMGs in alternative health careers. For many, it seems, these entrepreneurial activities gave meaning to their lives and helped them gain a social position within their circles, at both a professional and personal (human) level.

CONCLUSION

This paper narrates IMGs’ journeys toward integrating into the labor market and the crucial role of information in this process. While we focused on informational needs, strategies, and practices, it must be noted that we barely scratched the surface of the matter. For example, the 20 participants made ample notes of the emotional ups and downs linked to their attempts to integrating the labor market. As one of our Canadian participants commented: “In my country, being a doctor is almost like being God, and I had such a good position with a good salary. But I came here for my children, for my family, and I am ashamed that I cannot work at all. Not even get a volunteer position at a hospital. Why did I leave my country and my great position?”. Indeed, what this quote (and many like it) brings to the forefront is the very humane experience of starting anew, of having all your orientation points taken away from you, and having your identity and self-esteem being questioned and sometimes squashed altogether. For many participants, this realization and the subsequent trauma acted as major obstacles to their successful integration in their fields of practice (“Here [in Canada], you need to shine to be acknowledged”). The affective dimension is therefore one that needs to be researched further. For our purposes, what emerges clearly from our study is that IMGs use various strategies to try and make sense of their new information landscape. Despite the limited sample, it becomes clear that one’s ability to become information literate in this new information environment increases one’s chances to find meaningful employment (“You have to be patient and stay focused” stated one Canadian participant), and in turn this contributes to one’s overall well-being and sanity.

REFERENCES


## Table 1: The table shows the websites used by participants to find related information

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